

Statement of Services Rendered

Send invoice to:

BOARD OF PAROLE HEARINGS
P.O. BOX 4036
SACRAMENTO, CA 95812-4036

PAROLEE/INMATE:

CDC Number:

Location & time of hearing:

Language Provided:

Type of Hearing: ☐ Lifer ☐ Revocation

☐ Revocation Extension ☐ MDO ☐ SVP

Hours

[illegible]

I hereby certify that the hours, date of service and the description of the service rendered as set forth above are true and correct.

Total hours	
Hourly rate	\$20.00
Total billing	

Interpreter's (Signature)

Name _____

Address

City

State

Zip

S.S. Number / Certification Number (If Appropriate)

Date _____

DEPARTMENTAL APPROVAL:

Signature

Title

Date _____